

## INSTRUCTIONS FOR COMPLETING SCHEDULE A (FRONT OF FORM)

**Type of Application:** Mark (X) the box indicating the type of application. Schedule A form is required to be submitted for the following types of applications: Carrier information (demographics) corrections, renewal applications when no preprinted renewal application is received from DMV, or New Carrier or Fleet. Schedule B, mileage report, is required for all new/original, renewal, or add jurisdiction applications.

**IRP Account #:** When applying for a New Carrier or Fleet IRP account, enter "New". When applying for any other type of activity, enter the previously assigned account number.

**Fleet #:** Optional, for customer reference only.

**Application Year(s):** All California IRP accounts expire December 31. If applying for the current year only, mark the box indicating "Current Year Only". **Important:** If you apply for New Carrier or Fleet IRP application or vehicle addition September 15 or later in the current year and intend to register the added vehicle on your fleet for the subsequent year, you must mark the box labeled "Current and Subsequent Year" and submit all IRP fees for both years. Applications submitted October 1 or later will be issued temporary registration that expires December 31 unless subsequent year IRP fees are also submitted with the application.

**Enter Effective Date of IRP Registration:** Enter the date that interstate operations began. This date should match the effective date entered on Schedule C. Penalties may be due for new carrier or fleet applications or vehicle additions when fees are paid 31 days after the effective date or for renewals submitted with fees after December 31. Refer to the California IRP Handbook for penalty information.

**Registrant Name/Legal Name:** Enter the legal name of the business or owner/operator.

**DBA (if applicable):** Enter "doing business as" name.

**Business Address:** Enter the physical business address where the registrant has an established place of business, maintains operational records of the fleet, and accrues mileage. This must be a physical address located in California and may not be the address of a licensed registration service agent.

**City/State/Zip:** Enter City, State and Zip Code of the business address.

**Mailing Address:** Enter mailing address (physical or post office box) where correspondence and credentials are to be mailed. This may be the address of a licensed registration service agent.

**City/State/Zip:** Enter the City, State, and Zip Code of the mailing address.

**Registrant Authorized Employee Name:** Enter the name of the owner/operator or employee authorized to act on behalf of the registrant. The employee cannot be a registration service agent or his/her employee.

**Daytime Telephone #:** Enter the daytime telephone number of the owner/operator or employee contact person.

**Fax #:** (Optional) Enter the FAX number for the owner/operator or authorized employee.

**Email Address:** (Optional) Enter the Email address for the owner/operator or authorized employee.

**Registration Service Agent Business Name:** If the registrant will be represented by a DMV licensed registration service agent, enter the agent's business name.

**Registration Service Agent Contact Person(s):** Enter the name of the contact person for the registration service agent.

**Registration Service Agent Business Address:** Enter the registration service agent's business address.

**City/State/Zip:** Enter the City, State and Zip Code of the registration service agent's business address.

**Registration Service Agent Mailing Address:** Enter the registration service agent's mailing or post office box address.

**City/State/Zip:** Enter the City, State and Zip Code of the registration service agent's mailing address.

**Registration Service Agent Telephone #:** Enter the telephone number of the registration service agent.

**Registration Service Agent FAX #:** (Optional) Enter the FAX number for the registration service agent.

**DMV Occupational License Number and Expiration Date:** Enter the registration service agent's DMV Occupational License (OL) Number and expiration date.

**Email Address:** (Optional) Enter the registration service agent's email address.

**IFTA #:** Enter the International Fuel Tax Agreement (IFTA) number if the IRP registrant files fuel taxes.

**CA Motor Carrier Permit (CA#):** (Optional) Enter the California Motor Carrier Permit Number issued by DMV if you also operate in intrastate commerce.

**FHWA (ICC) MC or MX Number:** Motor carriers operating "for hire" must be issued a registration certificate from the Federal Motor Carrier Safety Administration (formerly FHWA/ICC). Enter your federal motor carrier number when applicable.

**Instructions continued on the back of this form.**

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**USDOT (Carrier) #:** Enter the carrier's US Department of Transportation (USDOT) number.

**USDOT (Fleet) #:** Enter the carrier's US Department of Transportation (USDOT) number.

**Taxpayer ID (FEIN or SSN) #:** Enter the registrant's taxpayer identification number (FEIN or SSN).

**Signature:** Signature of the person responsible for the safe operation of the vehicle.

**Signature (Declaration):** The registrant must sign under penalty of perjury.

**Registration Service Agent Authorization:** The Registrant and authorized Registration Service Agent (if applicable) must sign the application.

**Type of Operations:** Mark (X) all boxes that pertain to your business under PVT – Private Carrier or A – All.

**Complete for New Carrier or Fleet IRP Applications Only:** All applicants for New Carrier or Fleet IRP Account must answer the three questions shown in this portion of the form. **1)** Mark (X) this box YES if your fleet and/or vehicles have history of prior IRP registration in another jurisdiction within the past 24 months. **2)** Mark (X) this box YES if your fleet and/or vehicles have any history of prior California IRP registration. If YES, provide the previous California IRP account number. **3)** Mark (X) this box YES if the vehicles being registered on the application have operated in interstate commerce under alternative permit registration within the past 24 months.

## INSTRUCTIONS FOR COMPLETING SCHEDULE B MILEAGE REPORT (BACK OF FORM)

**IMPORTANT:** REVIEW THE REQUIREMENTS FOR REPORTING ACTUAL AND ESTIMATED MILEAGE IN CHAPTER 3, "FLEET DISTANCE AND OPERATIONAL WEIGHT REQUIREMENTS" OF THE CALIFORNIA IRP CUSTOMER HANDBOOK BEFORE COMPLETING THIS MILEAGE SCHEDULE!

**Type of Application:** Mark (X) the box to indicate the type of application being submitted.

**IRP Account Number:** When applying as New Carrier or Fleet IRP account, enter "New". When applying for any other type of activity, enter the previously assigned account number.

**Fleet Number:** Enter Fleet number.

**Registrant Name:** Enter the registrant's name as reported on the Schedule A portion of the application.

**Jurisdiction:** You must mark (X) the box in front of each jurisdiction where you want to qualify your fleet for IRP operation/registration. If a jurisdiction box is marked, mileage (actual or estimated) must be entered in the related mileage box by the customer or registration service agent.

**EST:** This box must be checked if the mileage entered in the mileage box has been estimated.

**Mileage:** Estimated or actual miles must be entered by the customer or registration service agent for all jurisdictions where the fleet will be qualified for IRP operation/registration.

**Total Actual Miles:** Enter total actual miles reported for all jurisdictions.

**Total Estimated Miles:** Enter total estimated miles for all jurisdictions.

**Grand Total Mileages:** Enter combined total of all miles (actual and estimated) for all jurisdiction.

**Explain How Mileage was Estimated:** Provide explanation of estimated miles or submit supporting documentation.